

DEPARTMENT OF TRANSPORTATION

CIVIL RIGHTS PROGRAM, MS-79

1820 Alhambra Blvd.

SACRAMENTO, CALIFORNIA 95816

(916) 227-9599

FAX (916) 227-9596

TDD (916) 654-4014



Date:

Dear Contractor:

This letter is to remind you that your Re-Certification Application and Personal Net Worth Statement/ Affidavit (PNWS/A), with required supporting documents, are due to the Civil Rights Program by your certification expiration date. The PNWS/A is a new Federal regulation requirement.

However, sufficient time is needed to review and process your statements before they are required. Therefore, if you wish to **avoid a lapse** in your certification and remain listed in the Caltrans DBE database and directory, you must return your Re-Certification Application and Personal Net Worth Statement/Affidavit and required supporting documents to Caltrans by:

Please send your completed Re-Certification Application and PNWS/A with supporting documents to:

Caltrans, Civil Rights Program, MS-79
1820 Alhambra Blvd.
Sacramento, CA 95816

The above statements will be used solely to make a determination regarding the continuing eligibility of your firm for certification in the DBE program. Please be aware that the information you submit may be shared with Federal authorities and/or other organizations whose legal authority provides access to this information. In addition, the public may request access to any information not protected under the National Public Records Act or the California Public Records Act.

Sincerely,

ALGERINE McCRAY
Deputy Director
Civil Rights Program

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CIVIL RIGHTS PROGRAM

RE-CERTIFICATION APPLICATION

CR-0005 (Rev 03/2000)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the IPA Officer.

1. NAME OF FIRM		2. FILE NUMBER	
FIRM'S ADDRESS (Physical)		CITY	STATE ZIP CODE
FIRM'S ADDRESS (Mailing)		CITY	STATE ZIP CODE
3. MAJORITY OWNER(S)		4. BUSINESS PHONE	BUSINESS FAX
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?			YES NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?			YES NO
If yes, please call Caltrans at (916) 227-9599 to obtain a 6-page Certification Application or access our Internet Address at: http://www.dot.ca.gov/hq/bep to download the application. NOTE: This Annual DBE Update Statement can also be downloaded from our Internet Address.			
7. NAME OF LICENSEE		LICENSE NUMBER - PLEASE SUBMIT COPY OF CURRENT LICENSE(S)	
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:		YEAR ENDING	
		\$	
9. NUMBER OF CURRENT EMPLOYEES:		FULL TIME	PART TIME
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?		YES NO	IF YES, EXPLAIN CHANGES IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICE HOLDERS OF THE COMPANY CHANGED?		YES NO	IF YES, LIST ANY CHANGES IN A SEPARATE ATTACHMENT
12. HAS THE BOARD OF DIRECTORS CHANGED?		YES NO	NAME OF CHAIRMAN
13. Are you currently certified with any other agencies as a DBE?		YES NO	If yes, attach copies of certificate(s) with
14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification)			
SOLE PROPRIETOR:	BANK SIGNATURE CARD	1040 TAX FORM WITH ALL SCHEDULES	
PARTNERSHIP:	BANK SIGNATURE CARD	1065 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	MINUTES
CORPORATION:	BANK SIGNATURE CARD	1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	MINUTES
LIMITED LIABILITY CO.	BANK SIGNATURE CARD	1065/1120 TAX FORM & 1040 TAX FORMS WITH ALL SCHEDULES	MINUTES
15. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by,			
Name of Firm		, to execute the affidavit and does so as his/her free act and deed.	
PRINTED NAME		SIGNATURE	
TITLE		DATE	

NOTARY

The foregoing affidavit was subscribed and sworn to before me on this _____ day of _____, _____ by _____

NAME _____

NOTARY PUBLIC _____ COMMISSION EXPIRES _____

Mail completed questionnaire to: NOTARY PUBLIC SEAL

Caltrans Civil Rights Program, MS-79
1820 Alhambra Blvd.
Sacramento, CA 96816

**PERSONAL NET WORTH STATEMENT**

CR-0003 (REV 03/2000)

As of

Complete this form for: each socially and economically disadvantaged owner who individually owns or contributes to an ownership interest of 51 or more percent in the firm; and whose ownership and control are relied upon for DBE certification

NAME		BUSINESS PHONE
RESIDENCE ADDRESS		RESIDENCE PHONE
CITY	STATE	ZIP CODE
BUSINESS NAME OF APPLICANT		

ASSETS		LIABILITIES AND EXCLUSIONS	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Complete Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments	\$
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds (See instruction	\$	Mo. Payments	\$
p.4 of 5) (Complete Section 3)		Loan on Life Insurance ..	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Complete Section 4)		(Complete Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Ownership Interest in Firm	\$	(Describe in Section 7)	
Other Assets	\$	Exclusions	
(Describe in Section 5)		Ownership Interest in Firm (Dollar Value)	\$
Total Assets	\$	Equity in Primary Residence	\$
		Total Liabilities	\$

Section 1. Source of Income

Salary	\$
Net Investment income	\$
Real Estate Income	\$
Other Income (Describe below)*	\$

Description of Other Income in Section 1.

Contingent Liabilities

Legal Claims & Judgments	\$
As Endorser or Co-Maker	\$
Provision for Federal Income Tax	\$
Other Special Debt	\$

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secured or Endorsed Type of Collateral

PERSONAL NET WORTH STATEMENT

CR-0003

Section 3. Stocks and Bonds					
NUMBER OF SHARES	NAME OF SECURITIES	COST	MARKET VALUE QUOTATION/EXCHANGE	DATE OF QUOTATION/EXCHANGE	TOTAL VALUE

Section 4. Real Estate				(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed).		
		Property A (Primary Residence)	Property B	Property C		
Type of Property						
Address						
Date Purchased						
Original Cost						
Present Market Value						
Name & Address of Mortgage holder						
Mortgage Account Number						
Current Mortgage Balance						
Amount of Payment per Month/Year						
Status of Mortgage						

Section 5. Other Assets and Personal Property		(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.		(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities and Exclusions		(Describe in detail.)

Section 8. Life Insurance Held.		(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

SIGNATURE	DATE	SOCIAL SECURITY NUMBER
SIGNATURE	DATE	SOCIAL SECURITY NUMBER

PLEASE NOTE: The estimated average hours for the completion of this form is 1.5 hours per response.

AFFIDAVIT OF PERSONAL NET WORTH

The new Federal Regulations 49 CFR Part 26.67(2)(i) "require each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of Personal Net Worth (PNW), with appropriate supporting documentation." Appropriate supporting documentation generally includes but is not limited to "Personal Income Taxes" and other documents required to support statements contained in the "Personal Net Worth Statement." In addition, Grant Deeds, Prenuptial Agreements or other documents may be needed to directly or indirectly support your statement of personal net worth. Please be advised that a contingent liability does not reduce an individual's net worth.

My Personal Net Worth is Valued at: \$ _____

Affidavit

The undersigned swears, under penalty of perjury of the laws of the United States, that the foregoing statement is correct and true and includes all material information necessary to identify and explain the personal net worth of each owner of this firm. The undersigned also swears, under penalty of perjury of the laws of the United States, that he or she **is in fact socially and economically disadvantaged** and that the applicant has **halved** all assets and liabilities, **except** his or her ownership interest in the firm, if he or she resides in a community property state. **Further, the undersigned agrees** to permit the audit and examination of your personal and business records and files to verify the accuracy of the statements made. Any material misrepresentation will be grounds for terminating any contract which has or may be awarded and for prosecution under federal and state laws concerning false statements.

PRINTED NAME	SIGNATURE
TITLE	DATE
FIRM NAME	CALTRANS CT# IF AVAILABLE

NOTARY

The forgoing affidavit was subscribed and sworn to before me on this _____ day of _____, _____ by _____.

SEAL

NOTARY PUBLIC
COMMISSION EXPIRES

CALTRANS PERSONAL NET WORTH STATEMENT FORM - INSTRUCTIONS

CR-0003 INSTRUCTIONS

This form must be completed by the following individuals:

Each socially and economically disadvantaged owner who individually owns or contributes to an ownership interest of 51 or more percent in the firm; and whose ownership and control is relied upon for DBE certification.

If an individual is married, please note the following:

If you reside in a community property state, all assets and liabilities, **except** the ownership interest in the firm, should be halved accordingly on the form, unless there is a separate property agreement that stipulates sole ownership by one individual.

FOR EXAMPLE: John and Mary Smith jointly own their primary residence valued at \$100,000. They each claim 50% ownership on the property. John Smith would only report his 50% interest, \$50,000, on his Personal Net Worth Statement.

If you do not reside in a community property state, assets and liabilities may be halved if jointly owned. If assets and liabilities are separately owned, these items should only be reported on the respective owner's form.

The preceding does not address each item on the form; however, we have identified certain items on the form that you should pay special attention to since these items are commonly reported inaccurately or misrepresented.

Note: Please be advised that federal recipients, such as Caltrans, must exclude an individual's ownership interest in his or her firm and the individual's equity in his or her primary residence. However, you must provide Caltrans with the dollar amount being excluded as your ownership interest in the firm and documentation sufficient to support that exclusion. Caltrans will assume, unless advised otherwise, that the equity in your primary residence is the difference between its present market value and current mortgage balance as reported by you in **Section 4, Property A (Primary Residence)** on the form.

CALTRANS PERSONAL NET WORTH STATEMENT FORM - INSTRUCTIONS

CR-0003 INSTRUCTIONS

ASSETS**Cash on-hand & in banks:**

Enter the total amount of cash on-hand and in your checking accounts.

Savings Account:

Enter the total amount of cash in all savings accounts.

IRA or other Retirement Accounts:

Enter the total value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans. You may be requested by Caltrans to provide copies of the most recent statements to substantiate the amount listed.

Accounts & Notes Receivable:

Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm.

Life Insurance:

Enter only the cash surrender value of any life insurance policies. **A complete description is required in Section 3.

Real Estate:

Enter the current fair market value of all real estate owned. **A complete listing and description of all real estate owned is required in Section 4.

Automobile:

Enter the current fair market value of all automobiles owned.

Other Personal Property:

Enter the current fair market value of all other personal property owned but not included in any of the previous sections (i.e. furniture, jewelry, etc.). **A complete description of these assets is required in Section 5.

Ownership Interest in Firm:

Enter the current fair market value of your portion of the ownership interest/equity in the business on this line (e.g., if your sole proprietorship is worth \$40,000, this entire amount should be indicated).

Other Assets:

Enter the current fair market value of all other assets owned, but not included in the previous sections. **A complete description of these assets is required in Section 5.

Total:

Calculate the total value of all listed assets.

CALTRANS PERSONAL NET WORTH STATEMENT FORM - INSTRUCTIONS

CR-0003 INSTRUCTIONS

LIABILITIES**Accounts Payable:**

Enter the total value of all unpaid accounts payable that is your responsibility (i.e. gas, electric, telephone bills, etc.).

Notes Payable to Bank & Others:

Enter the total amount due on all Notes Payable to Banks and others paid on an installment basis. Please be sure to include the total monthly payment amount in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. **A complete description of all installment accounts is required in Section 2.

Loans on Life Insurance:

Enter the total value of all loans due on Life Insurance Policies. **A complete description is required in Section 8.

Mortgages on Real Estate:

Enter the total value due on all mortgage(s) payable on Real Estate. **A complete breakdown of all mortgage(s) on Real Estate is required in Section 4.

Unpaid Taxes:

Enter the total amount of all taxes which are currently due but are unpaid. Contingent tax liabilities or anticipated taxes for the current year should not be included. **A complete description is required in Section 6.

Other Liabilities:

Enter the total value due on all other liabilities not classified in the previous sections. **A complete description is required in Section 7.

Ownership Interest in Firm:

Enter the current fair market value of your portion of the ownership interest/equity in the business on this line (e.g., if your sole proprietorship is worth \$40,000, this entire amount should be indicated).

Equity in Primary Residence:

Enter the difference between the present market value of your primary residence and your current mortgage balance.

Total Liabilities:

Calculate the total of all listed liabilities.

Net Worth:

Calculate your net worth and enter the amount on the "Affidavit of Personal Net Worth." This is calculated by subtracting your "Total Liabilities" from your "Total Assets."

$$\begin{array}{rcl}
 + & \text{Total Assets} & \\
 - & \text{Total Liabilities} & \\
 \hline
 = & \text{Net Worth*} &
 \end{array}$$

* Indicate negative net worth with parenthesis ().

Total:

Add the values entered for "Total Liabilities" and "Net Worth." This amount must equal the total value of all assets.

$$\begin{array}{rcl}
 + & \text{Total Liabilities} & \\
 + & \text{Net Worth} & \\
 \hline
 = & \text{Total Assets} &
 \end{array}$$

CALTRANS PERSONAL NET WORTH STATEMENT FORM - INSTRUCTIONS

CR-0003 INSTRUCTIONS

SECTION 1. SOURCE OF INCOME**Salary:**

Enter the amount of your total annual salary. This should include any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income:

Enter the total amount of all investment income (i.e. dividends, interest, etc.).

Real Estate Income:

Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income:

Enter the total amount of all other income received (i.e. alimony, Social Security, Pension, etc.) Please be sure to describe the source of the other income in the space provided below this section.

CONTINGENT LIABILITIES**As Endorser or Co-Maker:**

Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims & Judgements:

Enter the total potential liabilities due as a result of legal claims from judgements, lawsuits, etc.

Provisions for Federal Income Tax:

Enter the total amount of all Federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt:

Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of noteholder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "**LIABILITIES**" column.

SECTION 3. STOCKS AND BONDS

Enter the number of public shares, name of securities, cost, fair market value, and the date of fair market value for all public shares of stock and bonds held.

NOTE: Do not include your membership interest in the firm/business in this section.

CALTRANS PERSONAL NET WORTH STATEMENT FORM - INSTRUCTIONS

CR-0003 INSTRUCTIONS

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence, enter the type of property, address, date purchased, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Second mortgages also should be included in this section. Please ensure that this section contains all real estate owned, including rental properties, commercial properties, etc.

These values should correspond with the "Real Estate" amount listed in the "ASSETS" column.

SECTION 5. OTHER PERSONAL PROPERTY

Describe the "Other Personal Property" and "Other Assets" owned as listed in the "ASSETS" column.

SECTION 6. UNPAID TAXES

Describe in detail, as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "LIABILITIES" column. If none, state NONE. This section should not include contingent tax liabilities or anticipated taxes owed for the current year.

SECTION 7. OTHER LIABILITIES

Describe in detail all other liabilities as referenced by the value listed in the "LIABILITIES" column. If none, state NONE.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company, beneficiaries and the cash surrender values of the policies.

FINALLY, PLEASE BE SURE TO SIGN AND DATE THE PERSONAL FINANCIAL STATEMENT, AND INDICATE YOUR SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.

DEPARTMENT OF TRANSPORTATION

CIVIL RIGHTS PROGRAM - MS 79
1820 ALHAMBRA BOULEVARD
SACRAMENTO, CALIFORNIA 95816
(916) 227-9599



Dear Contractor:

You recently expressed interest in obtaining information about certified disadvantaged businesses needed to allow you to meet the State and Federal goals set for your project. A listing of these businesses is available from the certifying agencies. Caltrans will not solicit subcontractors for you. It is up to you to contact the individual subcontractor concerning availability and bid proposal.

The Disadvantaged Business Enterprise (DBE), Minority Business Enterprise (MBE), and Women-Owned Business Enterprise (WBE) programs are administered by the California Department of Transportation (Caltrans), Civil Rights Program. The Disabled Veteran's Business Enterprise (DVBE) program is administered by the Department of General Services, Office of Small and Minority Business.

Please contact these departments at the phone numbers listed below for ordering information. The Caltrans Publication for DBE/MBE/WBE is available at a cost of \$45.00 for quarterly listings and \$20.00 for a single copy. The DVBE listing is available at no cost.

DBE/MBE/WBE LISTING

Caltrans
Publications Unit
1900 Royal Oaks Drive
Sacramento, CA 95815
(916)445-3520

DVBE LISTING

Department of General Services
Office of Small Business Certification and Resources
1531 I Street, Second Floor
Sacramento, CA 95814-2016
(916)322-5060

If you have a computer and a modem, it may be possible for you to connect with a Bulletin Board System containing an electronic list of DBE/MBE/WBEs currently certified by Caltrans.

If interested contact, Civil Rights Program, Systems Support Unit (916) 227-8937.

If you require further assistance, please contact Caltrans, Civil Rights Program at (916) 227-9599.

Sincerely,

ALGERINE McCRAY
Deputy Director
Civil Rights Program

DEPARTMENT OF TRANSPORTATION

CIVIL RIGHTS PROGRAM - MS 79
1820 ALHAMBRA BOULEVARD
SACRAMENTO, CALIFORNIA 95816
(916) 227-9599



May 29, 1998

Notification of Current Consultants
for DBE Supportive Services

Dear Contractor:

Listed below are the addresses, telephone numbers, and contact persons at the offices of Triaxial Management Services, Inc., the Consultant currently under contract with Caltrans to provide statewide assistance to firms interested in certification as a Disadvantaged Business Enterprise (DBE). These offices also provide assistance for participation on Federally funded Caltrans contracts with DBE goals.

NORTHERN CALIFORNIA

Oakland

1545 Willow Street, 1st Floor
Oakland, CA 94607
(510) 286- 1313
(510) 286-6792 FAX
Chauncey L. Murdock

Sacramento

930 Alhambra Boulevard #205
Sacramento, CA 95816
(916) 553-4172
(916) 553-4173 FAX
Mary Williams

SOUTHERN CALIFORNIA

Los Angeles

2594 Industry Way, Suite 101
Lynwood, CA 90262
(310) 537-6677
(310) 637-0128 FAX
Nathan Essandoh

San Diego

2725 Congress Street, Suite 1-D
San Diego, CA 92110
(619) 543-5109
(619) 543-5108 FAX
DeMarcus Sharpe

Sincerely,

ALGERINE McCRAY
Deputy Director
Civil Rights Program